



Complete Summary

GUIDELINE TITLE

Guidelines for the management of patients with periodontal diseases.

BIBLIOGRAPHIC SOURCE(S)

Krebs KA, Clem DS 3rd, American Academy of Periodontology. Guidelines for the management of patients with periodontal diseases. J Periodontol 2006 Sep;77(9):1607-11. [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Periodontal diseases

GUIDELINE CATEGORY

Management
Prevention
Risk Assessment

CLINICAL SPECIALTY

Cardiology
Dentistry
Endocrinology

Hematology
Obstetrics and Gynecology
Oncology
Orthopedic Surgery
Preventive Medicine
Pulmonary Medicine
Surgery

INTENDED USERS

Allied Health Personnel
Dentists
Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

- To encourage referring dentists and periodontists to work together to optimize the health of patients
- To help the dental practitioner in the rapid identification of those patients at greater risk for the consequences of periodontal inflammation and infection and, therefore, those patients most appropriate for specialty referral

TARGET POPULATION

Individuals with periodontitis or those who are at risk of moderate to advanced periodontal disease

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment/Evaluation/Risk Assessment

Timely identification of patients who would benefit from comanagement by the referring dentist and a periodontist

- Patients who should be treated by a periodontist
 - High-risk conditions and diseases
- Patients who would likely benefit from comanagement by the referring dentist and the periodontist
 - Periodontal risk factors/indicators
 - Medical or behavioral risk factors/indicators
- Patients who may benefit from comanagement by the referring dentist and the periodontist
 - Periodontal inflammation/infection plus systemic conditions and diseases
 - Candidates for high-risk therapies

Management/Prevention

Comanagement by referring dentist and periodontist

MAJOR OUTCOMES CONSIDERED

- Periodontal inflammation and infection
- Peri-implant disease
- Significant root surface exposure
- Tooth loss
- Oral function and appearance
- Deteriorating risk profile
- Appropriate and timely treatment of periodontal disease

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

PubMed and Medline were searched for relevant literature from 1990 to 2006. Specific search terms used included: clinical guidelines, general research, periodontal maintenance, regeneration, moderate to severe periodontal disease, risk assessment, diabetes and periodontal disease, heart disease and periodontal disease, preterm birth and periodontal disease, tobacco and periodontal disease, perio-systemic (general), and referral patterns.

In addition to PubMed and Medline, the Academy conducted qualitative and quantitative research with its members in the course of development. This included:

- a. Focus group of 100 American Academy of Periodontology (AAP) members in ten locations throughout the United States. Questions about the practice of periodontics, including patient care, relationships with referring colleagues, technology, technique, and tools. This qualitative evaluation informed the Academy's understanding of the current environment for a practicing periodontist in the United States.
- b. Data from the Academy's [Practice Profile Survey](#); this tri-annual survey began in 1997, and data from all surveys was used. This comprehensive survey of periodontal practice evaluated the profiles of practice characteristics including organizational structure, referral patterns, treatment procedures performed, patient characteristics, and demographic data. This information allowed the Academy to identify and understand the needs and concerns of members in clinical practice. This information, as collected, provides a benchmark for members to understand how their practice compares to others. Twenty-five hundred questionnaires were mailed to a random sample of Active AAP members across the country. Follow up post-cards were mailed 2 months after the initial mailing, encouraging response. The survey response rates averaged 34.7%, with a distribution across districts which matched Academy demographics. Therefore, the survey samples did reflect the Academy membership for demographic characteristics.

- c. The Academy's annual membership survey, which is sent annually to all 8,000 Academy members. This survey collects further information on demographic and practice characteristics, which informs the Academy's strategy when providing services to its members.

NUMBER OF SOURCE DOCUMENTS

87

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)
Subjective Review

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

The Task Force considered relevant research and other sources, including patient care and the treatment process for periodontal diseases.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus
Informal Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A Board of Trustees-appointed task force consisting of periodontal practitioners, academicians, and researchers developed the guidelines. The Academy distributed a draft version of the guidelines to all members, the American Dental Association, Academy of General Dentistry, and American Dental Hygienists' Association for commentary. All organizations and more than 375 members provided commentary. The task force revised the guidelines based on the comments received.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Guidelines from the following organizations were consulted: the American Association of Endodontics, American Association of Clinical Endocrinologists.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Level 3: Patients Who Should Be Treated by a Periodontist

Any patient with:

- Severe chronic periodontitis
- Furcation involvement
- Vertical/angular bony defect(s)
- Aggressive periodontitis (formerly known as juvenile, early-onset, or rapidly progressive periodontitis)
- Periodontal abscess and other acute periodontal conditions
- Significant root surface exposure and/or progressive gingival recession
- Peri-implant disease

Any patient with periodontal diseases, regardless of severity, whom the referring dentist prefers not to treat.

Level 2: Patients Who Would Likely Benefit from Comanagement by the Referring Dentist and the Periodontist

Any patient with periodontitis who demonstrates at reevaluation or any dental examination one or more of the following risk factors/indicators* known to contribute to the progression of periodontal diseases:

Periodontal Risk Factors/Indicators

- Early onset of periodontal diseases (prior to the age of 35 years)
- Unresolved inflammation at any site (e.g., bleeding upon probing, pus, and/or redness)
- Pocket depths ≥ 5 mm
- Vertical bone defects
- Radiographic evidence of progressive bone loss
- Progressive tooth mobility

- Progressive attachment loss
- Anatomic gingival deformities
- Exposed root surfaces
- A deteriorating risk profile

Medical or Behavioral Risk Factors/Indicators

- Smoking/tobacco use
- Diabetes
- Osteoporosis/osteopenia
- Drug-induced gingival conditions (e.g., phenytoins, calcium channel blockers, immunosuppressants, and long-term systemic steroids)
- Compromised immune system, either acquired or drug induced
- A deteriorating risk profile

* It should be noted that a combination of two or more of these risk factors/indicators may make even slight to moderate periodontitis particularly difficult to manage (e.g., a patient under 35 years of age who smokes).

Level 1: Patients Who May Benefit From Comanagement by the Referring Dentist and the Periodontist

Any patient with periodontal inflammation/infection and the following systemic conditions:

- Diabetes
- Pregnancy
- Cardiovascular disease
- Chronic respiratory disease

Any patient who is a candidate for the following therapies who might be exposed to risk from periodontal infection, including but not limited to the following treatments:

- Cancer therapy
- Cardiovascular surgery
- Joint-replacement surgery
- Organ transplantation

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations were based primarily on a comprehensive review of published reports as well as input from a task force comprised of periodontists from private practice and academia. In cases where the data did not appear conclusive, recommendations were based on the consensus opinion of the group.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The Guidelines will:

- Help the practitioner in triaging patients who currently have or who are at risk for the development of periodontal diseases.
- Help the general practitioner more effectively address the association of periodontal diseases and systemic diseases/conditions.
- Assist the general dentist and hygienist in the management of periodontal diseases.
- Result in appropriate and timely treatment of periodontal diseases.

In addition, the Guidelines:

- Should enhance the restorative outcome of dental treatment by establishing and maintaining a healthy periodontal foundation.
- Are clear, concise, and should be easy to incorporate into daily practice and will enhance the partnership between periodontists and referring dentists.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

These guidelines are in no way meant to replace a practitioner's knowledge, skills, or abilities; a "one-size-fits-all" treatment plan for periodontal disease does not exist.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Guidelines were distributed to all dentist members of the American Academy of Periodontology, American Dental Association hygienists, and other dental health professionals. In addition, a study club presentation was created to educate about the guidelines, and a patient self-assessment test was created to compliment recommendations of the guideline.

IMPLEMENTATION TOOLS

Patient Resources

Staff Training/Competency Material

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Sep

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Academy of Periodontology Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Continuing education courses are available from the [American Academy of Periodontology Web site](#).

PATIENT RESOURCES

The following is available:

- Assess your risk of gum disease. Patient self assessment tool. Electronic copies: Available from the [American Academy of Periodontology Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI Institute on December 22, 2008. The information was verified by the guideline developer on January 7, 2009.

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